CLAIMS ONLY

Application Number	Filing Date
10711939	

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
1	I						51						
2		I					52						
3		I					53						
4		I					54						
5		I					55						
6		I					56						
7		I					57						
8		I					58						
9		I					59						
10		I					60						
11	I						61						
12		I					62						
13		I					63						
14		I					64						
15		I					65						
16		I					66						
17		I					67						
18		I					68						
19		I					69						
20		I					70						
21		I					71						
22		I					72						
23	I						73						
24		I					74						
25		I					75						
26		I					76						
27		I					77						
28		I					78						
29		I					79						
30		I					80						
31		I					81						
32		I					82						
33		I					83						
34		I					84						
35		I					85						
36		I					86						
37		I					87						
38		I					88						
39		I					89						
40		I					90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
Total Indep	3						Total Indep						
Total Depend	37						Total Depend						
Total Claims	40						Total Claims						